

Please type or print in ink.

NAME OF FILER

(LAST)

Smith

(FIRST)

KATHLEEN

(MIDDLE)

Marie

1. Office, Agency, or Court

Agency Name

SAN Luis Obispo City Council

Division, Board, Department, District, if applicable

Your Position

Council Member



If filing for multiple positions, list below or on an attachment.

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of SAN Luis Obispo

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.

☐ Leaving Office: Date Left / / (Check one)

-or-

The period covered is / / , through December 31, 2012.

☐ The period covered is January 1, 2012, through the date of leaving office.

☐ Assuming Office: Date assumed / /

☐ The period covered is / / , through the date of leaving office.

☐ Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

☒ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5.

herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed

3/5/13

(month, day, year)

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

*Kathleen M. Smith*

▶ NAME OF BUSINESS ENTITY  
Mission Community Bank

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
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NATURE OF INVESTMENT  
☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

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 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
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IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 ACQUIRED      DISPOSED

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)			▶ NAME OF SOURCE (Not an Acronym)		
<i>iFixit</i> ADDRESS (Business Address Acceptable) <i>81 Higuera St. #200</i> BUSINESS ACTIVITY, IF ANY, OF SOURCE <i>54-BIT</i>			 ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE		
<i>12/18/12</i> DATE (mm/dd/yy)	<i>\$24.95</i> VALUE	<i>Driver Kit</i> DESCRIPTION OF GIFT(S)	 DATE (mm/dd/yy)	 VALUE	 DESCRIPTION OF GIFT(S)
____/____/____	\$ ____	_____	____/____/____	\$ ____	_____
____/____/____	\$ ____	_____	____/____/____	\$ ____	_____
____/____/____	\$ ____	_____	____/____/____	\$ ____	_____
▶ NAME OF SOURCE (Not an Acronym)			▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE			ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ ____	_____	____/____/____	\$ ____	_____
____/____/____	\$ ____	_____	____/____/____	\$ ____	_____
____/____/____	\$ ____	_____	____/____/____	\$ ____	_____
▶ NAME OF SOURCE (Not an Acronym)			▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE			ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ ____	_____	____/____/____	\$ ____	_____
____/____/____	\$ ____	_____	____/____/____	\$ ____	_____
____/____/____	\$ ____	_____	____/____/____	\$ ____	_____

Comments: \_\_\_\_\_  
 \_\_\_\_\_